

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2007</h3>		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	
		Patent#: 7,112,388 B2	
		Filing Date	
		Issued: September 26, 2006	
		First Named Inventor	
		Akira KISHIDA	
		Examiner Name	
		T. H. Parsons	
		Art Unit	
		1745	
TOTAL AMOUNT OF PAYMENT		(\$)	0
		Attorney Docket No. 0020-5152P	

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>02-2448</u> Deposit Account Name: <u>Birch, Stewart, Kolasch & Birch, LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES														
Fee Description	Fee (\$)	Small Entity Fee (\$)												
Each claim over 20 (including Reissues)	50	25												
Each independent claim over 3 (including Reissues)	200	100												
Multiple dependent claims	360	180												
<table style="width: 100%;"> <tr> <td style="width: 33%;"> Total Claims - = x = </td> <td style="width: 33%;"> Extra Claims - = x = </td> <td style="width: 33%;"> Fee Paid (\$) _____ </td> </tr> <tr> <td colspan="3">HP = highest number of total claims paid for, if greater than 20.</td> </tr> <tr> <td> Indep. Claims - = x = </td> <td> Extra Claims - = x = </td> <td> Fee Paid (\$) _____ </td> </tr> <tr> <td colspan="3">HP = highest number of independent claims paid for, if greater than 3.</td> </tr> </table>			Total Claims - = x =	Extra Claims - = x =	Fee Paid (\$) _____	HP = highest number of total claims paid for, if greater than 20.			Indep. Claims - = x =	Extra Claims - = x =	Fee Paid (\$) _____	HP = highest number of independent claims paid for, if greater than 3.		
Total Claims - = x =	Extra Claims - = x =	Fee Paid (\$) _____												
HP = highest number of total claims paid for, if greater than 20.														
Indep. Claims - = x =	Extra Claims - = x =	Fee Paid (\$) _____												
HP = highest number of independent claims paid for, if greater than 3.														
<table style="width: 100%;"> <tr> <td style="width: 33%;">Multiple Dependent Claims</td> <td style="width: 33%;">Fee (\$)</td> <td style="width: 33%;">Fee Paid (\$)</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>			Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)	_____	_____	_____						
Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)												
_____	_____	_____												

3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).				
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____	_____	_____
- 100 = _____ / 50 _____ (round up to a whole number) x _____ = _____				
4. OTHER FEE(S)				
Other (e.g., late filing surcharge): <u>1811 Certificate of correction Fee paid on 12/06/06</u> <u>(100.00)**</u>				

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	22,463
Name (Print/Type)	Joseph A. Kolasch	Telephone	(703) 205-8000
		Date	April 27, 2007

\$100 Previously Paid on December 6, 2006 for consideration of Certificate of Correction. Request Denied on January 10, 2007. A replacement Request for Certificate of Correction is being submitted herewith. No additional fee is deemed necessary.